

**UNITED STATES PATENT & TRADEMARK OFFICE**  
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**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 1/5/05 2 Serial/Patent # 089900,559

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
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	Petition			\$
<input checked="" type="checkbox"/>	Issue		<u>12/2/04</u>	<u>\$ 1370</u>
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other		<u>12.</u>	\$

		7 TOTAL AMOUNT OF REFUND	<u>\$1370</u>
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	<u>9 50 -- 2212</u>
No Fee Due (Explanation):			

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: WAN LAYMON TITLE: Pat Groom

SIGNATURE: Wan Laymon PHONE: \_\_\_\_\_

OFFICE:

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APPROVED: Alvin Miller DATE: 1/6/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

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1 Date of Request:	1/5/05	2 Serial/Patent #	08/900,559
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		1/23/04	\$ 685
<input checked="" type="checkbox"/>	Issue		1/23/04	\$ 685
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other		1/23/04	\$ 300

7 TOTAL AMOUNT OF REFUND	\$ 1670
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8 TO BE REFUNDED BY:

10 REASON:		Treasury Check							
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>5</td><td>0</td><td>--</td><td>2</td><td>2</td><td>1</td><td>2</td></tr></table>	5	0	--	2	2	1	2
5	0	--	2	2	1	2			
11 REFUND REQUESTED BY:									

TYPED/PRINTED NAME: WAN Laymon TITLE: Plt. Spec.

SIGNATURE: Wan Laymon PHONE: \_\_\_\_\_

OFFICE: \*\*\*\*\*

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APPROVED: Allie Kell DATE: 1/6/05

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**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly print or type with any corrections or use Block 1)

23865 7590 12/04/2003

BRODICK, PHLEGER & HARRISON LLP  
12390-BL CAMINO-RBAL--  
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sachiko Y. Snedden	(Depositor's name)
<i>Sachiko Y. Snedden</i>	(Signature)
November 29, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/900,559	07/25/1997	SHU-CHING CHENG	030872.0004.RCE1	8245

TITLE OF INVENTION: METHODS OF USE OF ONE STEP IMMUNOCHROMATOGRAPHIC DEVICE FOR STREPTOCOCCUS A ANTIGEN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	-3665- \$1370.00	-40- \$300.	-6665-- \$1670.00	03/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HINES, JANA A	1645	436-807000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/121) attached.	1 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies 5	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502212 (enclose an extra copy of this form).

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(Authorized Signature) Donna O. Perdue, Reg (D) No. 51166 11/29/2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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12/03/2004 MUDOLGE2 00000052 502212 08900559

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03 FC:1504 30.00 CR

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03 FC:1504 30.00 CR

TRANSMIT THIS FORM WITH FEE(S)

OMB 0651-0033 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

Adjustment date: 01/06/2005 AKELLEY  
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02 FC:2501 665.00 CR